



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90241 042 ****50.00

DOCUMENT # L03000012611					
1. Entity Name BUILDER TITLE LLC					
Principal Place of Business 32600 U.S. HIGHWAY 49 NORTH PALM HARBOR, FL 34684			Mailing Address 411 WINDWARD PSQ CLEARWATER BEACH, FL 33767		
2. Principal Place of Business 2635 McCormick			3. Mailing Address Same		
Suite, Apt. #, etc. 101			Suite, Apt. #, etc. Same		
City & State Clearwater FL			City & State Same		
Zip 33759		Country USA		Zip 33759	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALSEY, STEVE M 32600 U.S. HIGHWAY 49 NORTH PALM HARBOR, FL 34684 411 Windward Pk. Clearwater, FL 33767				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP HASLEY, STEVEN M 411 WINDWARD PSQ CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3/14/05 Daytime Phone #: (727)-449-8544					

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